

**Application Data Sheet**  
**Application Information**

**Application number::**

**Filing Date::**

**Application Type::**

**Regular**

**Subject Matter::**

**Utility**

**Suggested classification::**

**Suggested Group Art Unit::**

**Title::**

**Virtual Content Repository**

**Browser**

**Attorney Docket Number::**

**BEAS-01362US0**

**Request for Early Publication?::**

**No**

**Request for Non-Publication?::**

**No**

**Suggested Drawing Figure::**

**1**

**Total Drawing Sheets::**

**10**

**Small Entity?::**

**No**

**Applicant Information**

**Applicant Authority Type::**

**Inventor**

**Primary Citizenship**

**India**

**Status::**

**Full Capacity**

**Given Name::**

**Jalpesh**

**Family Name::**

**Patadia**

**City of Residence::**

**Boulder**

**State or Province of Residence::**

**Colorado**

**Country of Residence::**

**US**

Street of mailing address:: 1507 Bradley Drive  
City of mailing address:: Boulder  
State or Province of mailing address:: Colorado  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 80305

Applicant Authority Type:: Inventor  
Primary Citizenship US  
Status:: Full Capacity  
Given Name:: Rodney  
Family Name:: McCauley

City of Residence:: Loveland  
State or Province of Residence:: Colorado  
Country of Residence:: US  
Street of mailing address:: 2474 Mary Beth Court  
City of mailing address:: Loveland  
State or Province of mailing address:: Colorado  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 80537

Applicant Authority Type:: Inventor  
Primary Citizenship Brazil  
Status:: Full Capacity  
Given Name:: Alexander  
Family Name:: Toussaint  
City of Residence:: Broomfield  
State or Province of Residence:: Colorado

**Country of Residence::** US  
**Street of mailing address::** 765 Eldorado Blvd., 2226  
**City of mailing address::** Broomfield  
**State or Province of mailing address::** Colorado  
**Country of mailing address::** US  
**Postal or Zip Code of mailing address::** 80021

### **Correspondence Information**

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**Fax Number::** (415) 362-2928  
**Email address::** dburns@fdml.com

### **Representative Information**

**Representative Customer Number::** 23910

### **Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
<b>This Application</b>	<b>An application claiming the benefit under 35 USC 119(e)</b>	<b>60/386,487</b>	<b>02/20/03</b>
<b>This Application</b>	<b>An application claiming the benefit under 35 USC 119(e)</b>	<b>60/451,174</b>	<b>02/28/03</b>

## **Assignee Information**

<b>Assignee Name::</b>	<b>BEA Systems, Inc.</b>
<b>Street of mailing address::</b>	<b>2315 North First Street</b>
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<b>State or Province of mailing address::</b>	<b>CA</b>
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